

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	504/920	02/07/01
RESPONSE FORMALITY REVIEW	MM	571	02-22-01
			061

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 :- ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	6-30-02
2	12-30-02
3	5-24-03
4	✓✓✓A
5	✓✓✓A
6	000
7	000
8	✓✓✓A
9	✓✓✓A
10	✓✓✓A
11	✓✓✓A
12	✓✓✓A
13	✓✓✓A
14	✓✓✓A
15	✓✓✓A
16	✓✓✓A
17	✓✓✓A
18	✓✓✓A
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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